POSITION		ID NO.	DATE
CLASSIFIER		8	9-15-93
EXAMINER			
TYPIST		324	9-28-93
VERIFIER		480	10/1/93
CORPS CORR.			
SPEC. HAND		438	9/24/93
FILE MAINT.			
DRAFTING			

INDEX OF CLAIMS

Claim		Date						
Final	Original							
1	①	✓	✓					
2	2	—	—					
3	3	—	—					
4	4	—	—					
5	5	—	—					
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Claim		Date					
Final	Original						
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SYMBOLS
✓ .... Rejected
= .... Allowed
– (Through numeral) Canceled
+ .... Restricted
N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

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